

**APPLICATION AND AGREEMENT FOR COST-SHARE ASSISTANCE**

between the

_____ County Soil Conservation District (SCD) and

Name of Cooperator (please print) _____

Date of Application _____

Mailing Address _____

City, State, Zip Code _____

Daytime Phone _____

Farm and Tract Number of Project Location _____

Terms of Agreement

1. I understand that the Tennessee Department of Agriculture (TDA) provides funds through the Agricultural Resources Conservation Fund (TCA 67-4-409(l)) to the SCD for cost-sharing with cooperators on a reimbursement basis to establish Best Management Practices (BMPs) for the control of soil erosion and improvement of water quality associated with agricultural operations. I understand further that:

2. Cost-sharing with TDA funds shall not exceed 75% of the actual cost of establishing the BMP except for BMPs installed in 303(d) watersheds which shall not exceed 85%. In all watersheds, however if there is cost-share from another source the total amount of all cost-share shall not exceed 90% of the establishment cost. The SCD Board may elect to cost-share at a lesser percentage, or to use another payment system such as flat rate.

3. The amount of cost-share offered by the SCD through this Agreement is indicated below. There is no guarantee of additional cost-share assistance to cover unforeseen conditions which may arise and are not accounted for in the BMP cost estimate.

4. Approval of BMP(s) to be cost-shared will be based on an United States Department of Agriculture-Natural Resources Conservation Service (NRCS) Conservation Plan and this Agreement. I agree to maintain each BMP for its normal life expectancy as set forth in the NRCS Field Office Technical Guide, as indicated below. If I sell the land or if the land should pass to my heirs before the end of the normal life expectancy of the BMP(s), I agree that the maintenance of the BMP(s) will be made a condition of the sale or transfer by securing the agreement of the new owners to the terms of this Agreement, or in the alternative I agree that I or my estate shall reimburse the SCD a pro-rated amount for the shortened life of the practice.

5. If I accept cost-share assistance from the SCD, I agree that neither the SCD nor I will be liable for any damage to the other's property or personal injury resulting from the implementation of the BMPs listed below.

6. I agree that the Commissioner of TDA or his designee, the NRCS State Conservationist or his designee, or the SCD Supervisors or their employees may periodically enter my property for the purpose of determining compliance with this Agreement.

7. Based on the above, I hereby request prior approval of cost-share for the following BMP(s):

BMP Name	Quantity/ Dimension*	Location Field No.	Life Expectancy	Cooperator's Initials
_____	_____	_____	_____ years	_____

*Please list the number of each type of BMP to be installed and the estimated length or area covered by the practice, as applicable.

BMP Name	Quantity/ Dimension	Location Field No.	Life Expectancy	Initials
_____	_____	_____	_____ years	_____

BMP Name	Quantity/ Dimension	Location Field No.	Life Expectancy	Initials
_____	_____	_____	_____ years	_____

BMP Name	Quantity/ Dimension	Location Field No.	Life Expectancy	Initials
_____	_____	_____	_____ years	_____

	Initials
_____	_____

8. Total Estimated Cost: \$ _____ Estimated Cost-Share: \$ _____

I hereby agree to the Terms of Agreement listed above.

Signature of Cooperator _____

Date _____

Cooperator Tax ID Number _____

Approval is recommended of this application for cost-share assistance.

For TDA-Water Resources _____

For NRCS _____

The Board of Supervisors of the _____ County SCD hereby approves this cost-share request.

_____, Chairman

Date Approved: _____